

# RNS

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Address Official Correspondence to the  
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Reference JVV/jds

KOLLING INSTITUTE OF MEDICAL RESEARCH

11th November, 1985

Dr. Harold Varmus,  
Department of Microbiology,  
University of California Medical Centre,  
SAN FRANCISCO, 94143 CA U.S.A.

Dear Dr. Varmus,

I write concerning two points.

The first is my congratulations to those at UC Medical Centre who participated in the Nature Conference on "Genes and Systems in Development". I thought there were very good summary papers presented at that meeting. What was particularly clear was the dominant roll of UC Medical Centre in such work. I spent 4 very enjoyable years at UC Medical Centre 1970 - 1974 with Hugh Fudenberg and have remained in close contact with Dan Stites since then, as we are co-editors of the Lange Book on Immunology.

The second point concerns a subject which has interested me for the past few years, namely AIDS. Comments made at the AIDS meetings in Washington DC and discussions with speakers prompt me to raise this point with you. I understand you are involved with nomenclature of viruses and one of the main sources of irritation to me at present is the continuing way in which we have to write HTLV-III/LAV/ARV. It is quite a mouthful and is perpetuating departmental and at times international animosity. I spoke with Jay Levy. There have been many suggestions eg, HAV cannot be considered as it is used for Hepatitis A virus. For obvious reasons, the tongue-in-cheek suggestion of HPV for "human poofster virus" is equally unacceptable. One is forced to consider either the designation suggested by Flossie Wong-Staal, that is HALV for Human AIDS Lymphocytotropic virus, or in my opinion, HARV for Human AIDS Retrovirus. It is essential to distinguish it from simian and feline retroviruses. I do not hold a particularly strong view as to whether it should be RV for retrovirus or LV for lymphocytotropic virus. RV would have one preference in it does not identify the characteristic main target of these particular group of viruses, lymphocytes.

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2

I feel however it is essential that A (for AIDS) must be in the name. It would be crazy to ignore the obvious point that it is AIDS which has highlighted this group of viruses and pushed them into the Medical and Public arena. Over half the requests my laboratory receives for the test simply say "AIDS Antibody". To try and educate them to a virus that doesn't have AIDS in it in this setting is scientifically unsound. I would assume the only justification for excluding the name AIDS from the name of the virus is it may upset some people.

In summary therefore I feel it is essential that a Committee for Nomenclature of Viruses establishes, as soon as possible, a satisfactory single name for this virus. It can be then be presented to editors of journals that this is the official name for the virus and it must be included in all manuscripts. If the author chooses to then follow-up with his own pet alternative name then that is an editorial discussion not a scientific discussion. The use of a four letter name does not preclude the use of subscripts with a two or three letter code and a numeric component to indicate, where necessary, the actual source of a particular isolate. On those grounds I would suggest terms HARV or HALV.

Yours sincerely,



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Senior Staff Specialist in Clinical Immunology